

24  
2/18/9

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       |          | 48     | 1/19/01  |
| FORMALITY REVIEW          | 4-T      | 913    | 02/02/01 |
| RESPONSE FORMALITY REVIEW | HA       | 626    | 05/01/01 |
|                           |          | 288    | 6/27/01  |

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim    | Date     |
|----------|----------|
| Final    |          |
| Original |          |
| 1        | 3-5-00   |
| 2        | 10-12-00 |
| 3        | ✓        |
| 4        | ✓        |
| 5        | ✓        |
| 6        | ✓        |
| 7        | ✓        |
| 8        | ✓        |
| 9        | ✓        |
| 10       | ✓        |
| 11       | ✓        |
| 12       | ✓        |
| 13       | ✓        |
| 14       | ✓        |
| 15       | ✓        |
| 16       | ✓        |
| 17       | ✓        |
| 18       | ✓        |
| 19       | ✓        |
| 20       | ✓        |
| 21       | ✓        |
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| 25       | ✓        |
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| 27       | ✓        |
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| 32       | ✓        |
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| 36       | ✓        |
| 37       | ✓        |
| 38       | ✓        |
| 39       | ✓        |
| 40       | ✓        |
| 41       | ✓        |
| 42       | ✓        |
| 43       | ✓        |
| 44       | ✓        |
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| 46       | ✓        |
| 47       | ✓        |
| 48       | ✓        |
| 49       | ✓        |
| 50       | ✓        |

| Claim    | Date |
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| Final    |      |
| Original |      |
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| Claim    | Date |
|----------|------|
| Final    |      |
| Original |      |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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